

# Instructions for the Governor's Office of Planning and Budget's Budget Impact Form

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## **GOBP Budget Impact Form**

The Governor's Office of Planning and Budget (GOBP) Budget Impact Form (BIF) is sent to GOBP at the time you apply for a federal grant. The BIF should be sent to GOBP with the federal Standard Form 424.

### **1) Grant Title**

Enter the title that you use to identify this grant.

### **2) Federal Catalog Number**

Enter the Federal Catalog Number assigned to this grant (listed in the Catalog of Federal Domestic Assistance: <http://cfda.gov>)

### **3) State Application Identifier (SAI)**

The State Application Identifier, or SAI, is obtained from the Federal Assistance Management Officer of GOBP after you submit your federal Standard Form 424 and GOBP Budget Impact Form.

### **4) Federal Funding Agency**

Enter the name of the federal agency from which you are applying for funding.

### **5) Grant Type**

- a. **New:** an application is new if the following apply:
  - i. Never before applied for this grant
  - ii. This grant is under a new federal program or new agreement under which the state has never before participated
  - iii. This grant falls under the provisions of new federal requirements
- b. **Reapplication:** an application falls under this category if the following apply:
  - i. Submitting application for continuance of a federal program in which the state currently participates
  - ii. Submitting application for renewal in the middle of a funding or project cycle
  - iii. Submitting application for the continuance of a federal award for which the state has been receiving
  - iv. Submitting application for a new cycle of an existing grant
- c. **Revision:** an application is considered a revision when it meets the following:
  - i. Revising a grant application that was recently submitted that has been substantially changed
  - ii. Substantial change means:
    - i. Additional federal funds made available that would result in the federal dollar amount totaling over \$1 million, when the previous submission did not

- ii. Additional state match made available, when no state match was provided in the previous submission
- iii. Permanent FTEs will be added, additional to what was reported in the previous submission
- iv. A new federal requirement that would affect current state policy that was not required in the previous submission

### **6) Description and Purpose of Federal Grant**

Enter a short description of the grant for which you are applying, as well as a description of its purpose.

### **7) Was this grant submitted in your agency's budget proposal through the annual Federal Funds Request Summary Report?**

Under the provisions of 63-38e-201, GOBP prepares an annual Federal Funds Request Summary Report to be submitted to the Legislative Fiscal Analyst with the annual budget submission. Each agency submits a list of the federal funds and federal programs to GOBP, to be compiled in this annual report. Was this grant for which you are applying submitted in the most recent annual report?

### **8) Total Funding Sources**

#### **a. State Fiscal Year**

Allocate the funding into the state fiscal years during which you believe the money will be used.

- ✓ In the "Actual" fiscal year row, indicate the amount of funds from this grant that were spent in that state fiscal year.
- ✓ In the "Authorized" fiscal year row, indicate the amount of funds from this grant that you were authorized and intend to spend during that state fiscal year.
- ✓ In the "Supplemental" fiscal year row, indicate the amount of funds from this grant that you were not authorized to receive/spend but intend to receive/spend in that state fiscal year.
- ✓ In the "Requested" fiscal year row, indicate the amount of funds from this grant that you intend to receive/spend in that state fiscal year.

#### **b. Federal Funding Column**

Indicate the amount of federal funds you spent, or intend to receive/spend by selected state fiscal years.

#### **c. Other Matching Funds from Non-State Sources**

Indicate the amount of funds from local governments or private entities that is being used as a match by the applicable state fiscal years.

#### d. Matching State Dollars

Enter the state funds you are using to match federal dollars. Spread the matching dollars in the appropriate columns.

- ✓ *General Fund*: state dollars you are matching that come from the General Fund.
- ✓ *Dedicated Credits*: state dollars you are matching that come from dedicated credits.
- ✓ *Restricted Funds*: state dollars you are matching that come from restricted funds or a restricted account to be used for a specified purpose.
- ✓ *Other*: state dollars you are matching that do not fit into the other columns. For example, the Transportation Fund.

If the **state match** is *In-Kind* or a *Maintenance of Effort (MOE)*, list the **state** amounts in the *In-Kind/MOE* column and indicate the source (*General Fund, Restricted, etc.*) in the comments section.

- ✓ *In-Kind*: intangible dollars you are matching, or the value of existing state resources that is being provided as a match (i.e. services, admin. support, equipment, use of vehicles, property value, volunteer hours, etc.).
- ✓ *Maintenance of Effort Funds*: any matching level of effort or earmarking requirements imposed on an agency as a condition of receiving federal funds.
- ✓ *Total Funds*: the sum of all funds (federal funds, non-state match, and state match).

#### 9) Percent of Grant Monies Passed Through to Local Governments or Private Entities

Enter the percent of the total federal dollars that will be passed through to local government(s) or private entities that will not be used by the state.

#### 10) Identify Pass-Through Recipient(s)

Enter the local government(s) or private entity or entities that will receive the pass-through dollars. Use the comments section if additional space is needed.

#### 11) Will Additional State Monies be Required to Continue this Program if this Grant Expires or is Reduced?

Enter “Yes” if this **grant requires** that this program must be funded with state dollars should the federal funding reduce or expires. Enter “No” if the **grant does not require** that the program must be funded with state dollars should federal funding be reduced or expire. If you enter “Yes” then explain the details in the comments section or on another sheet.

#### 12) Additional FTEs the Grant Requires

Enter the number of *additional* Full-Time Equivalent (FTE) employees the grant requires you add. This should be understood as an additional “body” to your department’s workforce.

#### 13) Are These Permanent FTEs

Circle “Yes” if the FTE(s) will be permanent employees. Check “No” if the FTE(s) will be temporary. Schedule AJ or AL employees are considered temporary. In the comments section, please describe their duties, if they will be funded with federal or state dollars, if they will be given state benefits, and indicate the length of employment.

#### 14) What Federal Requirements Must the State Meet as a Condition of Receiving Monies and What Impact will These Requirements Have on Policy?

Use another sheet of paper if needed and attach it to your Budget Impact Form submission. List the requirement(s) that the state must meet in order to receive these federal funds. If the requirement(s) will impact current state policy list the details explaining the impact.

#### 15) Comments

Enter in any elaborations you have on any section on the Budget Impact Form. Please explain any In-Kind funds you are matching; the nature of a required Maintenance of Effort; specific non-state sources that are supplying a match; pertinent FTE information; if the matching funds are direct, or indirect, etc.

#### 16) Address of Federal Agency Application Sent To

Enter the mailing address of the federal agency from which you are applying for your grant. Type the address as you want it to appear on the governor's letter that will be sent to the federal agency.

#### 17) Your Contact Information

- a. **Department**: Enter the name of your department/agency (For example, the Department of Natural Resources)
- b. **Line Item/Division**: Enter the division of the department (For example, DNR’s Division of Wildlife Resources)
- c. **Program**: Enter the program for which this grant will be funding
- d. **Contact**: Enter the name of the person who can best answer any questions regarding the details of this grant (financial details and the grant itself).
- e. **Phone Number**: Enter the phone number of the contact person for this grant
- f. **Date**: Enter the date that you submit the Budget Impact Form to GOPB

**CONGRATULATIONS, YOU’RE FINISHED!**

